

Yale University

EliScholar – A Digital Platform for Scholarly Publishing at Yale

Yale Medicine Thesis Digital Library

School of Medicine

1-1-1862

Scarlatina

Charles Woolley Sheffrey
Yale University.

Follow this and additional works at: <https://elischolar.library.yale.edu/ymtdl>



Part of the [Medicine and Health Sciences Commons](#)

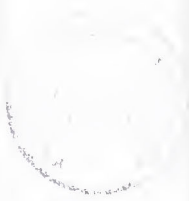
Recommended Citation

Sheffrey, Charles Woolley, "Scarlatina" (1862). *Yale Medicine Thesis Digital Library*. 3842.
<https://elischolar.library.yale.edu/ymtdl/3842>

This Open Access Thesis is brought to you for free and open access by the School of Medicine at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale Medicine Thesis Digital Library by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.



Digitized by the Internet Archive
in 2017 with funding from
Arcadia Fund



Archives
T113
Y11
1862

Harvey Cushing / John Hay Whitney
Medical Library

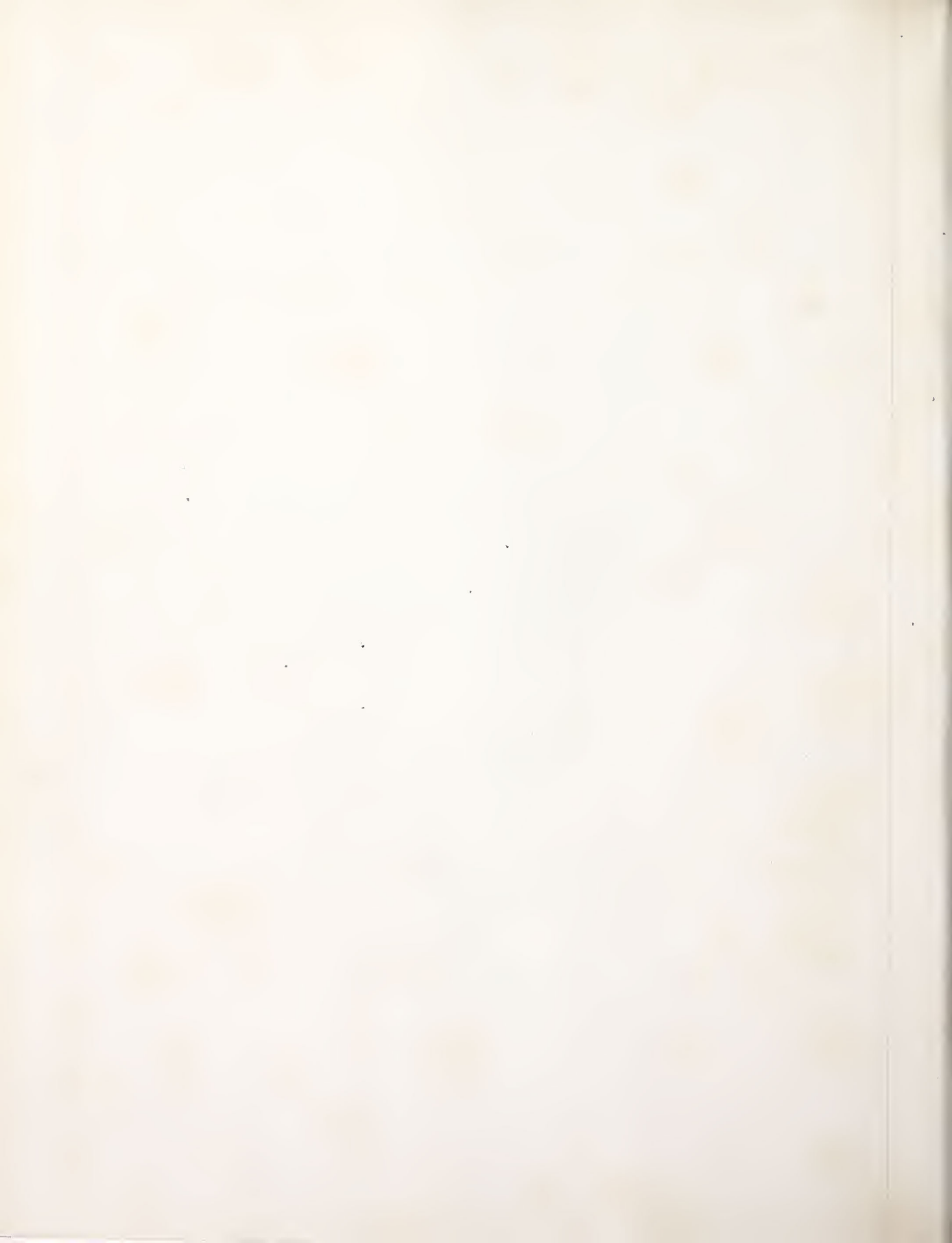
HISTORICAL LIBRARY



Yale University

Control

1852



Scarlatina

Scarlatina is an acute inflammation of the tegumentary investment of the whole body, both cutaneous and mucous, with fever of a contagious or infectious kind. It is principally a disease of childhood and seldom attacks the same person more than once. The disease was formerly associated with measles from their mutual pathological resemblance.

The peculiar characteristics of Scarlatina as distinguished from measles were first pointed out by Dr. Withering at the close of the last century. Sydenham appears to have been the first who gave the disease the name of Scarlet-Fever. It appears under every grade of violence from the simplest and least dangerous, to the most severe and malignant forms of disease. It commences with fever, which invades at an indefinite period from the second to the tenth day after exposure to infection. It is almost always accompanied with a rash of the skin, and frequently an

3

affection of the throat, the eruption is usually developed on the second day of the fever. It is composed of minute points which constitute patches of a large size; or a general effluescence of a scarlet color, the rash terminates at the end of six or seven days, leaving the skin rough and harsh the epidermis peeling off in scales and laminae.

Writers usually make three varieties of Scarlatina, which are merely modifications of the disease. They are

- Scarlatina Simplex
- Scarlatina Miasmatica
- Scarlatina Maligna

Scarlatina Simplex, is the most benign form of the disease. It commences with the ordinary symptoms of fever. When the effluescence begins the pulse are quick and full, the patient anxious and rest less depressed in spirits and sometimes delirious although delirium is not common. In this form of the disease, the eyes are red without inflammation, face swollen, tongue covered with

While fever, and studded with red engergated
papules, the tonsils are enlarged, and the palate
and pharynx red. On the second day of the
rash appears on the breast, neck, and face.
By the third day the rash extends to the trunk
of the body, and upper extremities.

The efflorescence attains its most vivid redness
on the evening of the fourth day. It is
always redder in the evening than in the
morning, and on certain parts of the body than
on others. The rash begins to decline on the fifth
day. It diminishes first on those parts on
which it first commenced, and by the sixth
almost wholly disappears. Desquamation
has become general by the ninth day, and in
many pieces laminae of considerable size are
thrown off.

Scarlatina Axioma is a modification
of simple Scarlatina, and is characterized
by the severity of the inflammation of the mucous
membrane of the larynx and pharynx, and
by the swelling of the soft palate and tonsils.

The primary symptoms are more violent than those of Scarlatina Simplex. The face from the commencement and frequently before are redder than usual. There is a sense of constriction about the throat, and stiffness of the muscles of the neck, and jaws; the throat feels rough, there is hoarseness of the voice and a large secretion of viscid mucus in the fauces. These symptoms generally increase. The mucous membrane becomes turgid, and swollen and parts are covered with patches of false membrane, and superficial ulcerations. The arteries and veins are congested and enlarged the tongue is covered with a white fur, and is studded with red spots from the congestion and elongation of its papillae. While the local affection is thus rapidly progressing the constitutional symptoms are indicative of serious and dangerous disturbance. There is excessive heat of skin; nausea with vomiting; quick respiration; quick and full pulse; great

Cancer with restlessness; headache and
fever. The cutaneous eruption is later
in making its appearance. On the trunk it
appears in irregular patches, while on the
limbs it is developed chiefly around the joints.

It remains longer than the eruption of
Scarlatina Simplex and the desquamation is reg-
ular, and extensive. The rash may disappear
suddenly and return again in a day or two. This
is an unfavorable symptom, and is either fatal in
its consequences or an aggravation of the constitutional
severity of the (infection) disease. The eruption
begins to decline on the fifth or sixth day, and
at the same time the severity of the inflammation
of the fauces subsides. The sloughs are thrown
off; the ulcerations commence to heal, and the
patient begins to recover strength and appetite.

Scarlatina Maligna is a highly
aggravated form of Scarlatina Maligna, occurs
in persons of debilitated constitution, principally
in the winter months, and in dropsical individuals.

Situations. Sometimes it constitutes the primary attack at others it invades suddenly and unexpectedly during the progress of simple Leucæmia, and Leucæmia Anginosa.

The chief characteristics are the great prostration of the powers of the system, and the extreme, deep sloughing ulceration of the fauces, the pulse is irregular, and sometimes scarcely perceptible.

There is great irritability, shaggy delirium and coma. The lips and teeth are covered with sores and the tongue with a dark brown fur, the cheeks are swollen and aphthous.

Respiration is impeded, and quickened, there is a quantity of viscid phlegm in the pharynx, the breath is fetid, deglutition is painful and difficult. The eruption is late in its appearance is pale and indistinct, with the exception of a few patches of irregular size which speedily become dark, and mingle with petechia. The duration of the rash is scarcely ascertainable with its period of invasion.

Scarlatina maligna is an extremely fatal disease, as may be inferred from the brevity of the eruption, some patients are cut off at an early period, on the second third or fourth day, while others will withstand its violence for a longer period, it may be remarked here that Scarlatina is often fatal when it attacks pregnant or puerperal women. it is generally more severe in autumn and winter months than in spring and summer.

Diagnosis:—The only disease with which Scarlatina is likely to be confounded is Rubella. Both are febrile eruptive inflammations of the skin, eruptions are morbilliform; but are accompanied by numerous efflorescences; both are liable to be succeeded by serious affections of the viscera; both appear during the same epidemic seasons apparently by the same infection; both are contagious. The following are the principal differences between the two diseases. In Scarlatina the febrile symptoms are of one days duration, in Rubella the eruption

mucous of the eyes are red and pain and red without secretion. There is pain and soreness of the throat but enough no expectoration.

In Rubella the mucous membranes of the eyes nose and fauces are red with increased secretion. There is a dry cough at first; subsequently expectoration. In scarlatina the eruption occurs in large irregular patches, or it is more or less generally diffused, is of a bright-brick color compared by some to the color of a boiled lobster. The efflorescence in Rubella occurs in small crescentic and circular patches, with intervening unaffected portions of skin. The color is darker than in simple scarlet fever and compared to the hue of a raspberry.

Scarlatina is less infectious than Rubella, and rarely attacks the same person more than once. Measles sometimes attacks the same person more than once.

Causes: The contagion apparently identical with that of Measles. It makes its attacks in forms of epidemics, and prevails mostly in the

Spring and autumnal seasons; the climatic conditions most favorable to scarlatina are cold and moisture; and the existence of this state of the weather, for any length of time gives rise to a predisposition in the system from which scarlatina is likely to be developed.

Prognosis:— The prognosis will be much influenced by the nature of the prevailing epidemic. It sometimes invades with such overwhelming rapidity, as to destroy life before any pathological changes can be effected.

Scarlatina Simplex is wholly divested of danger when it passes regularly through its course. The prognosis is unfavorable when delirium occurs a few hours after seizure; prolongation of the fever; great amount of swelling in the throat; offensive secretions from the mouth & nose; a pale and cold skin; dark color of the mucous membrane and dusky appearance of the eruptions are bad symptoms. Pregnancy adds a danger as the woman frequently aborts. The prognosis is extremely unfavorable when

10
It occurs soon immediately after parturition

Treatment: In the treatment we must be alert that this is a self limited disease, that we can only modify the process, but we can not shorten them. Our object should be to rid the blood of the poison it contains, and which is supposed to be the cause of the disease, this is accomplished by calling into action the natural excretories of the system. The degree in which these powers are to be induced to action will be determined by the strength of the disease. In the mild form of the disease nothing more is necessary than confinement to the house; unstimulating diet and regulation of the bowels, the room in which the patient is confined should be well ventilated, the patient's head cool; his feet warm, and the bed cloth light. He should be kept on a spare and unstimulating diet with an abundant supply of delicate and acidulated drinks. All sources of excitement should be avoided, In the regimen we should

give a mild cathartic to clear the bowels, & the extension of the disease to the kidneys should be indicated by uraemia or the state of the urine, we should resort to the warm bath. All active purgatives such a one that ^{will} relieve the mucous membranes by exciting the secretions at the same time that it moves the bowels copiously, must be administered. Calomel and Calomel or Zi doses of Bi, Turbating Potash and Liq Ammonia Acet, are recommended as the best medicines to accomplish this end, as a general thing Cathartics should not be given, except in decidedly phlogistic cases as they are hardly fair of cooling the surface and producing more or less retrocession of the rash.

Emetics are frequently beneficial. They may be given to remove offending matters from the stomach to excite the secretions from the throat, and produce a determination to the skin, but we should give such as will not produce too great prostration.

Diuretics should be used with caution directed

medications are administered, as there is danger that they may increase the inflammation which they are intended to abate.

Culver's is not a remedy to be generally used in this disease, unless there is some symptomatic derangement.

Opium may be given to allay restlessness. Belladonna is also used for the same purpose but probably has no specific power over the disease.

Local Applications:—Affusions of cold or tepid water as is most agreeable to the patient are beneficial. This reduces the heat of the skin and allays the restlessness and irritation. If there is a great deal of restlessness and heat of skin anointing the surface with hog's lard is said to be very beneficial. It is a soft and soothing application to the itching and burning surface of the skin, it also prevents the contact of atmospheric air, and consequently as some suppose the too rapid oxygenation.

of the blood, Its great uncleanness is a serious objection to its use, and Sponging the body with tepid water, is to my mind far more preferable. If there should be nausea (and vomiting) which is very apt to be the case in *Scarlatina Anginosa*, the effervescent Salines, such as the Citrate of Ammonia combined with laxative doses of Neutral Salts should be given, as inflammation of the mucous membrane of the fauces is one of the principal features of *Scarlatina*, this should be treated by early applications of the Nit of Silver either in solution or in the solid state. If there should exist a low grade of action in these parts a gargle of Capsicum may be used a good Rx. Chloride of Sodium and Capsicum of each a teaspoonful. Oringas a tablespoonful add. Op. Chlor of Potash. as been used a great deal of late. If the tonsils are enlarged and painful so as to interfere with respiration or accompanied with pain in the head. leeches should be applied to

the curative value, but in this
case, it is objectionable as they are exciting
inflammation of the cutaneous surface as
an additional source of irritation. It is
said that the Linc. Codine is not open to the
same objection and that it is a suitable
remedy, Venesection is a remedy which
is highly recommended by some writers
and by others disapproved of. It may
be advisable in some cases, if the patient
is plethoric; has a good constitution with
a full, hard and frequent pulse. It would
be proper to bleed. In conclusion I would
remark, that owing to the irregularity
of the disease it is almost impossible
to follow any previously conceived plan
of treatment; the attendant should be
(very diligent) vigilant to discover and meet,
as far as possible, every untoward symptom
which may arise.

Chas. W. Sherrin



YALE MEDICAL LIBRARY



3 9002 08670 4831

Accession no. 23008

Author Yale Univ.
Theses, Doctor
of Medicine.

Call no. Archives
T 113

Y11

1962

